



Eligible Fishery Participant COVID-19 Related Losses Self-Certification and Assurances

This certification must be submitted by the individual or business sustaining the loss. If you conduct your business as an individual, use your full legal name (first, middle, last, suffix). If you do business as an LLC or other business entity, the application should show the business as the Fishery Participant.

Fishery Participant: _____
(Individual **OR** business as appropriate)

Tax Number: _____
(Social Security number **OR** FEIN)

Mailing Address: _____
Address City State Zip

Phone Number: _____ Email: _____

hereby requests federal assistance from the Department of Commerce, National Oceanic and Atmospheric Administration, National Marine Fisheries Service (NOAA Fisheries) through the Delaware Department of Natural Resources and Environmental Control (DNREC).

As the Authorized Representative of the Fishery Participant, I self-certify and attest that (initial each statement below):

- _____ This Fishery Participant is an eligible recipient of assistance under the Consolidated Appropriations Act, 2021;
- _____ Direct payments will not be directed to minors;
- _____ Funds will not be used to compensate state, local, or tribal governments for lost municipal or government tax revenue;
- _____ Funds will be used to address fishery-related direct or indirect losses or subsistence/cultural/ceremonial impacts;
- _____ The Fishery Participant applying for assistance is (initial only if all statements below are true):
 - not De-barred;
 - not on the government “do not pay list”;
 - in good standing with the Federal and State Government





This Fishery Participant is engaged in the following eligible **saltwater** fishery-related business (check one per application):

- _____ Commercial Fisherman
- _____ Marine Aquaculture
- _____ For-Hire Recreational Fishing
- _____ Bait and Tackle Shop*
- _____ Seafood Processor
- _____ Seafood Dealer

*(75% of the shop's revenue must come from the sale of saltwater bait & tackle)

Complete if you are applying for assistance due to incurred economic **net** revenue (income minus direct expenses) losses greater than 35% compared to the **net** revenue average for the prior five (5) full years from 2015 through 2019 (if in business less than five (5) years, but in business for one (1) full year from 2015 through 2019, use **net** revenue average for the duration of the business); for commercial fishing, net revenue is calculated for all fishing licenses/permits combined, not by individual fishery.

_____ 's **net** revenue average for the prior five (5) full years or if less than five (5) years for (Fishery Participant) the duration of the business average was \$_____, as recorded between the years 20____ and 20____. This request is based on **net** revenue losses between the dates of March 1 through December 31, 2020. As compared to the five (5) year or if less than five (5) years for the duration of the business average, this equates to a **net** revenue loss of _____%, which equals \$_____. The maximum amount of funding distributed to an individual fishery-related business will depend on the number of applicants and the amount requested by each applicant relative to total available funding. The funding requested will not make me 'more than whole' when combining the amount of financial assistance received from CARES Act Section 12005, other programs in the CARES Act (e.g., Payment Protection Program), and my traditional revenue stream for the year 2020.

Additional Information (attach another page if more space is needed):





Should the fishery participant receive assistance to mitigate the effects of the novel coronavirus (COVID-19) as allowed under the Consolidated Appropriations Act, 2021, the sum of these funds combined with any additional COVID-19 related Federal financial assistance and/or any traditional revenue will not exceed the average **net** revenue earned across the previous five (5) years or if less than five (5) years for the duration of business.

Should the fishery participant receive assistance to mitigate the effects of the novel coronavirus (COVID-19) as allowed under the Consolidated Appropriations Act, 2021, other financial assistance received will not be used to support or fund any portion of the scope of work incorporated into this Department of Commerce (DOC) Consolidated Appropriations Act, 2021 assistance. DOC will not pay for costs that are funded by other sources.

Five Year Averages must be calculated using 2015-2019. If an entity has not been in operation for five (5) years, please use the comments section to provide clarification of the average used to calculate eligibility. **Net** revenue losses must have occurred during no fewer than 28 consecutive days during the March 1, 2020 through December 31, 2020 impact period.

By signing this affidavit and applying for assistance as allowable under P.L. 116-260 the fishery participant attests to having documentation/records to support the losses recorded on this form, and that were used as the basis of eligibility. Further, the eligible fishery participant agrees to maintain these records for a period of no less than three (3) years after the close of the primary grant award to DNREC. Records must be made available upon request from the State of Delaware, NOAA Fisheries, or the Office of the Inspector General.

This form must accompany any application for economic assistance, as allowable under P.L. 116-260. Applications and Affidavits must be submitted from February 1, 2022 through March 17, 2022. Completed affidavits must be received or postmarked by 4:30 p.m. Eastern Time on March 17, 2022. Incomplete applications will not be considered. Applications received outside of the specified application period will not be considered. Applications that cover periods of time outside of the eligibility period identified on the application documentation will not be considered.

The information provided on this document is correct to the best of my knowledge.

Authorized Representative/Fisheries Participant Signature

Date

Last

First

MI

Authorized Representative (Please Print)

